

1391480

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	je burden
hours per respons	se16.00
SEC USE O	NIV I

DATE RECEIVED

Serial

Name of Offering (check if this is an amendr	ment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Row Filing Amendment	ule 504	ULO
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issu	ier	
Name of Issuer (☐ check if this is an amendment Aston Asset Management Group LLC	nt and name has changed, and indicate change.)	07045630
Address of Executive Offices 46A Main Street, Tiburon, CA 94920	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code,
Address of Principal Business Operations (if different from Executive Offices) SAME AS ABOVE	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		_
	ed partnership, already formed other (ple ded partnership, to be formed imited liability	ease specify):
	Month Year	E00/

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Executive Officer Beneficial Owner Director General and/or ~ Managing Partner Full Name (Last name first, if individual) Taromi, Siamak Business or Residence Address (Number and Street, City, State, Zip Code) 46 A Main Street, Tiburon, CA 94920 Check Box(es) that Apply: General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Hansen, Jeffrey Todd Business or Residence Address (Number and Street, City, State, Zip Code) 46 A Main Street, Tiburon, CA 94920 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

·L					B. 1	NFORMAT	ION ABOU	IT OFFERI	ING				
1.	Has the	issuer sol	d, or does t	he issuer i	ntend to se	ell, to non-a	eccredited	investors in	n this offer	ing?		Yes	No x i
				Ans	wer also ii	Appendix	, Column	2, if filing	under ULC	DE.			
2.	What is	the minim	ium investn	nent that w	vill be acce	pted from	any individ	lual?	**************		••••••••••••••••••••••••••••••	"	0,000.00
3.	Does th	e offering	permit join	t ownershi	ip of a sing	gle unit?	***************************************			•••••		Yes	No
	If a pers or state a broke	ssion or sim son to be lis s, list the na r or dealer.	ilar remune sted is an as- ame of the b you may s	ration for s sociated pe roker or de et forth th	solicitation erson or age caler. If me	of purchas ent of a bro ore than fiv	ers in conn ker or deald c (5) perso	ection with or registere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	irectly, any he offering. with a state sons of such		
Full	Name (Last name	first, if ind	ividual)									
Busi	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Nam	of As	sociated Br	oker or De	aler	• • • • • •								
State	es in Wi	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers	i					
	(Check	"All States	or check	individual	States)							☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	Name (Last name	first, if ind	ividual)					V. 1.7 7 .11 . 1 . 2 . 1				
Busi	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nam	oc of As	sociated Br	oker or De	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			" or check								•••••	□ AI	l States
	AL IL	AK IN	AZ [A]	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT RI	NE SC	NV SD	NII N	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK W	OR	PA
Full			first, if indi			<u> </u>		<u> </u>		W Y	[WI]	WY	PR
Busi	ness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Nam	e of Ass	sociated Br	oker or Dea	aler	•				· · · · · ·		· · ·		
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						<u> </u>
	(Check	"All States	" or check	individual	States)	···-·	***************************************	*****		••••••		☐ All	States
!	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric	e	Amount Already So d
	Debt	0.00		\$ 0.00
	Equity		_	\$ 0.00
	Convertible Securities (including warrants)			0.00
	Partnership Interests		00	\$ 1,100,000.00
	Other (Specify)		_	\$ 0.00
	Total		00	s 1,100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	<u> </u>
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors		Aggregate Dollar Amount of Purchases § 1,100,000.00
	·			\$ 0.00
	Non-accredited Investors		_	\$ 0.00
	Total (for filings under Rule 504 only)	<u> </u>	_	\$ 0.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	 	_	\$_0.00
	Regulation A		_	\$ 0.00
	Rule 504			\$ 0.00
	Total	<u>. </u>		\$_0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s0.00
	Printing and Engraving Costs			\$ 0.00
	Legal Fees			\$ 20,000.00
	Accounting Fees		يت	s 0.00
	Engineering Fees		_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		_	\$ 0.00
	Other Expenses (identify)		\Box	\$ 0.00
	Total			s 20,000.00

а	Enter the difference between the aggregate offer and total expenses furnished in response to Part C—roceeds to the issuer."	Question 4.a. This difference is the "adjusted gr	oss	\$
e c	adicate below the amount of the adjusted gross proach of the purposes shown. If the amount for an heck the box to the left of the estimate. The total or roceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a f the payments listed must equal the adjusted gr	ınd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
S	alaries and fees		\$ 0.00	\$ 0.00
P	urchase of real estate		S 0.00	\$ 935,000.00
P a	urchase, rental or leasing and installation of maded and equipment	chinery	\$ 0.00	s_0.00
C	onstruction or leasing of plant buildings and fac	ilities	s 0.00	\$ 0.00
o is	cquisition of other businesses (including the val ffering that may be used in exchange for the asso sucr pursuant to a merger)	ets or securities of another		\$ 0.00
ν	orking capital		\$ 0.00	\$ 1,045,000.00
C	ther (specify): Buy-out of Current Member's In	nterest	\$ 0.00	\$ 2,500,000.00
- 	Development expenses = \$1,550,000		 🗹 \$	C_s
C	olumn Totals		S 1,500,000.0	0 \$ 4,480,000.00
T	otal Payments Listed (column totals added)		2 \$ <u>5,</u>	980,000.00
		D. FEDERAL SIGNATURE		
ignat	suer has duly caused this notice to be signed by the are constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Com	mission, upon writte	le 505, the following n request of its staff,
ssuer	(Print or Type)	Signature/	Date /	
Astor	Asset Management Group LLC	Wramek Vormi	Les	y 200
ame	of Signer (Print or Type)	Title of Signer (Print or Type)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ama	k Taromi	Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	· · · · · · · · · · · · · · · · · · ·	
1.		resently subject to any of the disqualification	Yes	No
	See	Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to D (17 CFR 239,500) at such times as require	furnish to any state administrator of any state in which this ed by state law.	notice is filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state administrators, upon written request	t, information furn	ished by the
4.	limited Offering Exemption (ULOE) of the s	ssuer is familiar with the conditions that must be satisfie tate in which this notice is filed and understands that the hing that these conditions have been satisfied.		
	er has read this notification and knows the cont thorized person.	ents to be true and has duly caused this notice to be signed o	on its behalf by the	undersigned
Issuer (Print or Type)	Signature	11 0	
Aston A	Asset Management Group LLC	Cumik oum	ep. 2.	2007
Name (Print or Type)	Title (Print or Type)		

Manager

Instruction:

Siamak Taromi

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			***************************************	Al	PPENDIX				
ī	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULO (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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AZ									
AR									
CA		X		2	\$110,000.00				
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1		2	3 Type of security				4					
	Intend	to sell	and aggregate]				(if yes,	ate ULOE			
		ccredited	offering price		Type of	f investor and			ation of			
		s in State	offered in state	į	amount pu	rchased in State			granted)			
	(Part B	-Item 1)	(Part C-Item 1)	ļ	(Part	t C-Item 2)			-Item 1)			
			-	Number of		Number of						
				Accredited		Non-Accredited						
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No			
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APPENDIX

				APP	ENDIX						
I		2	3	· · · · · · · · · · · · · · · · · · ·				Disgue	lification		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		price Type of investor and amount purchased in St.	amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY		7						1			
PR								T			